

<b>Case Number:</b>	CM14-0009437		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 4/10/2006. Per primary treating physician's progress report dated 10/3/2013, the injured worker complains of right shoulder pain rated 4/5, right medial and lateral elbow pain rated 1/5, and left lateral elbow pain rated 1/5, dull with lifting and extremes of motion. She reports no numbness or tingling in the right hand. She reports persistent sensitivity of the medial elbow scar. On exam the right wrist and elbow incisions are well healed with slight tenderness at the medial elbow. There is increased sensitivity of the medial elbow scar. There is slight ulnar pillar tenderness over the carpal tunnel. There is full elbow and wrist motion. She has slight tenderness over the lateral epicondyles and origin of the extensor carpi radialis brevis, not increased with resisted active extension of the wrist. There is no tenderness over the radial tunnel. There is no increased tenderness with resisted active extension of the middle finger or resisted supination or passive pronation of the forearm. There is no other tenderness throughout the rest of the elbow including the antecubital fossa, cubital tunnel or posterior elbow joint or olecranon. There is normal muscle symmetry and motor and sensory examination of the right is normal. There is tenderness over the acromioclavicular joint. There is positive cross arm test. There is full shoulder range of motion except for internal rotation to L2 with pain at the extremes. There is a normal motor and sensory examination of the bilateral upper extremities. Diagnoses include 1) status post right medial and lateral epicondylectomy and endoscopic carpal tunnel release 2) left lateral epicondylitis 3) right shoulder impingement syndrome 4) right shoulder acromioclavicular degenerative joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 MUSCLE TESTING, EXTREMITY OR TRUNK BETWEEN 10/10/13 AND 10/10/13:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: MTUS Guidelines, § 9792.20. Medical Treatment Utilization Schedule--Definitions, Page 1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Guidelines, § 9792.20. Medical Treatment Utilization Schedule--Definitions, Page 1

**Decision rationale:** The claims administrator notes that muscle testing alone is not addressed by the MTUS guidelines or ODG. The MTUS does note that functional improvement is noted in the history and physical exam, which is a routinely expected during treatment and evaluation. Throughout the guidelines, the necessity for treatment often dependent on history and physical, so muscle testing is routine, and therefore not generally subject to itemized billing that would require justification for necessity. Per ACOEM guidelines, physical examination is a component of the initial assessment for acute or subacute complaints. There is no indication that muscle testing as stated in this request refers to other specialized test. Also, the motor and sensory test for the upper extremities were noted to be normal on exam, and there is not a trunk complaint or abnormality noted that should require special testing. The request for 1 muscle testing, extremity or trunk between 10/10/2013 and 10/10/2013 is determined to not be medically necessary.